

To Whom It May Concern:

I, \_\_\_\_\_  
(name)of Tucson, Arizona  
(city and state)being the next-of-kin of \_\_\_\_\_, do  
(name)hereby authorize the disinterment and examination of the remains  
of my late sister, \_\_\_\_\_ under  
(relationship) (name)

the direction of the Center for Human Radiobiology, Argonne National Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or its scientific successors, such disinterment and examination to be for the purposes of advancing medical and scientific research and education. I authorize the transportation of said remains to the Center for Human Radiobiology for the purpose of carrying out such examination and to retain such bone specimens as the scientific personnel may deem fit. The grave site will be restored to its original condition. All the above procedures will be accomplished at no cost to me.

Executed as a sealed instrument on

July 5, 1973  
(date)

Witness \_\_\_\_\_

Signature \_\_\_\_\_

Tucson, Arizona  
Tel:RECEIVED  
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